

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	1		2		3		4	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1														
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38					3										
39					1										
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46															
47															
48															
49															
50															
TOTAL IND.	6														
TOTAL DEP.	84														
TOTAL CLAIMS	90														
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															